

(7) Additional principles

Such other principles as the Joint Board and the Commission determine are necessary and appropriate for the protection of the public interest, convenience, and necessity and are consistent with this chapter.

47 USC §254(h)(1)(A) provides:

A telecommunications carrier shall, upon receiving a bona fide request, provide telecommunications services which are necessary for the provision of health care services in a State ... to any public or nonprofit health care provider that serves persons who reside in rural areas in that State at rates that are reasonably comparable to rates charged for similar services in urban areas in that State (emphasis added).

III. The Maximum Allowable Distance limitation should not be applied as it results in a rate that is not reasonably comparable.

The purpose of the universal service program is to afford rural health care providers the opportunity to access telecommunications and information services that are "reasonably comparable to those services provided in urban areas and that are available at rates that are reasonably comparable to rates charged for similar services in urban areas." 47 USC §254(b)(3).

Given PSMCC's unique circumstances – its remote location, the mountainous terrain and adverse climatic conditions that impact the functionality of terrestrial wirelines that service Seward, and the fact that the only alternative form of wireline service that could provide the needed bandwidth, diversity and redundancy is a submarine fiber optic cable that, of necessity, runs a course of 475 miles - applying the maximum allowable distance limitation under 47 CFR §54.613 is inconsistent with the purpose and legislative intent of the Universal Service mechanism. Without a recalculation based on PSMCC's original submission, it will be forced to discontinue the AT&T service, and again subject the quality of health care provided in Seward to the inconsistent level of services afforded by strictly terrestrial based communication lines.

REQUEST FOR RELIEF


Funding should be calculated based on a comprehensive rate comparison method which would result in PSMCC paying a rate that an urban health care provider would pay for similar services. That calculation for the period ending June 30, 2010, is attached as Ex. 1.

Appellant provider PSMCC requests a hearing on this request for review/appeal and reserves the right to submit supplemental material in support of its appeal as appropriate. To the extent that it raises novel questions of fact, law or policy, a hearing is requested before the full Commission.

DATED this 23 day of September, 2011, at Anchorage, Alaska.

GRUENSTEIN & HICKEY

Attorneys for Providence Health & Services – Alaska

By:   
Daniel W. Hickey, ABA #7206026

cc: Susan Humphrey-Barnett  
Area Operations Administrator  
Providence Health & Services – Alaska

Certificate of Service

I HEREBY CERTIFY that a true and correct copy of the foregoing was served by Federal Express this 24<sup>th</sup> day of September, 2011, on:

Rural Health Care Division  
Universal Service Administrative Company  
2000 L Street, NW, Suite 200  
Washington, D.C. 20036  
(202-776-0200)

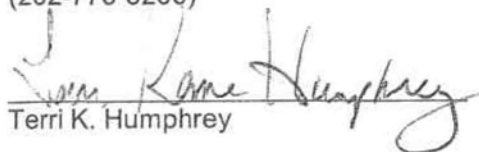
  
Terri K. Humphrey

EXHIBIT 13  
Page 8 of 8

**Ex. 14**



October 28, 2011

Letter of Appeal  
Rural Health Care Division  
Universal Service Administrative Company  
2000 L Street, NW, Suite 200  
Washington, DC 20036

Request for Reconsideration/Appeal for HCP 10382  
Packets 102861 and 102862 – Funding Year 2010

We are appealing the calculated funding on these two packets. As in the prior year, we believe the funding calculations for both of these packets are incorrect. USAC has erroneously reduced the applicable rural rate incorrectly as the circuits are not mileage based. Our Funding Request on Form 466 is specific in that we filed based on Block 6: Comprehensive Rate Request rather than Block 5: Mileage-Based Charge Request.

The USAC reviewer incorrectly "discounted" our circuit cost from \$9005.20 to \$2133.40 based on a reduction in covered miles. This reduction is incorrect and needs to be revised. I believe we should receive additional funding of \$103,301.76 per circuit as per my calculations attached.

Please find attached the calculations, bill from AT&T and supplementary information which has been provided in the previous year but is enclosed here for your convenience. Please let us know if you need any further documentation.

We expect a response within 90 days as stated within your guidelines.

Thank you for your consideration.

A handwritten signature in black ink, appearing to read "Maryann Freepartner".

Contact Information:  
Maryann Freepartner, Finance Manager  
[maryann.freepartner@providence.org](mailto:maryann.freepartner@providence.org)  
907-224-2980 Alaska Time Zone  
Fax 907-224-5250  
PO Box 365 Seward AK 99664

SUPPLEMENTAL INFORMATION

DISCUSSION OF NEED FOR TELECOMMUNICATIONS

Location: Providence Seward Medical and Care Center (PSMCC) is a rural health care provider in Seward, Alaska. Seward has a population of approximately 3,000 and is located in the Southcentral Region of Alaska, at the head of Resurrection Bay on the eastern shore of the Kenai Peninsula, a rugged wilderness area with a significant mountain range running the length of the peninsula close to the eastern shore. Access to Seward by vehicle is limited to one road stretching 126 miles to Anchorage, Alaska. Other access is by small airplane, helicopter, boat and seasonal train. The weather in Seward, Alaska consists of many days of rain, snow, ice and high winds which make access difficult. Road construction, particularly bridge construction, and avalanches have closed the road periodically. Seward has also experienced many earthquakes and some seasonal flooding.

PSMCC consists of a six-bed Critical Access Hospital including Provider-based clinic and 24-7 Emergency Room and also a 40-bed long-term care facility. Services include emergency services, limited inpatient hospital care, laboratory, radiology, rehabilitation therapy, family care clinic and long-term care.

PSMCC is owned by the City of Seward and managed by Providence Health & Services. Through the alliance with Providence, PSMCC works closely with Providence Alaska Medical Center, the largest hospital in Alaska. Through this alliance PSMC can provide expanded services through the use of telemedicine, electronic medical records and access to specialists across the full spectrum of care. For the vast majority of heart attack, stroke, and traumatic injury patients on the eastern side of the Kenai Peninsula, PSMCC is the only place where they are stabilized and given initial treatment before being transferred to a tertiary care center, which is often Providence Alaska Medical Center. Electronic medical records facilitate the emergency room treatment and transfer of these patients and contribute to high quality emergency and trauma care.

For many years, PSMCC relied on two T-1 land circuits supplied by GCI that traveled from Seward to Anchorage through the Chugach Mountain Range and which followed the road 126 miles rather than the distance through space of 85 miles. These circuits traverse several mountain passes and are subject to adverse climatic conditions as noted above. These circuits have suffered from outages, particularly during winter months, which have resulted in negative impacts on patient care and safety at PSMCC. The climatic conditions have also resulted in extended stays at PSMCC due to the inability of helicopter access to transport critical patients. These communications literally make the difference between life and death to these patients.

The need for uninterrupted connectivity led in 2009 to the exploration of alternatives to the two land-based T-1 lines. At that point the only feasible addition that would provide diversity in both the route of the connection and the carrier providing the service was a submarine fiber circuit which existed between Seward and Anchorage, the route of which ran through Kodiak, Alaska. AT&T submitted a proposal for two additional T-1 lines at a custom rate based on private line rates in effect. This was not a mileage based rate as assumed by USAC based on the number of miles noted in the contract which was not used in calculation of the rate.

DISCUSSION OF REQUESTS FOR SUPPORT

We believe that we followed all USAC guidelines in putting out a request for bids through Form 465, reviewing the one proposal that satisfied our needs for redundancy and diversity of both carrier and route, and selected the contract proposed by AT&T. Our Request for Support on Form 466 was not based on mileage as the calculation of charges by AT&T was not based on mileage. We filed a comprehensive rate request and not a mileage based rate request. We believe that our funding should be calculated based on a comprehensive rate comparison method.

PROVIDENCE SEWARD MEDICAL AND CARE CENTER  
HCP 10382  
USAC APPEAL YEAR 2010 PACKETS 102861 AND 102862

<u>FUNDING REQUESTED:</u>	<u>Packet 102861</u>	<u>Packet 102862</u>	<u>Total</u>
Circuit cost per month	9,005.20	9,005.20	
Federal reg fees	1,747.90 *	1,747.90 *	
Taxes	386.10 *	386.10 *	
Total Rural Rate	11,139.20	11,139.20	
Urban rate	198.30	198.30	
Monthly funding request	<u>10,940.90</u>	<u>10,940.90</u>	
Total months 12	131,290.80	131,290.80	
Non-recurring request	-	-	
	<u>131,290.80</u>	<u>131,290.80</u>	<u>262,581.60</u>
<u>Funding commitment received:</u>			
Circuit cost per month	9,005.20	9,005.20	
"Discount" applied in error	(6,871.80)	(6,871.80)	
	2,133.40	2,133.40	
Taxes	407.17	407.17	
Discounted rural rate	2,540.57	2,540.57	
Urban rate including tax	208.15	208.15	
Monthly support	2,332.42	2,332.42	
Total months 12	27,989.04	27,989.04	
Non-recurring request	-	-	
Funding per commitment	<u>27,989.04</u>	<u>27,989.04</u>	<u>55,978.08</u>
<b>Additional funding requested</b>	<b><u>103,301.76</u></b>	<b><u>103,301.76</u></b>	<b><u>206,603.52</u></b>

\*Based on representative monthly bill 2/1/11 attached. See calculation page 5 of bill.

AT&T MONTHLY BILL  
DATED 2/1/11





**at&t Alascom**

Interstate Dedicated Private Line Service

ALASCOM, INC. D/B/A AT&T ALASCOM  
210 EAST BLUFF DRIVE  
ANCHORAGE, ALASKA 99501-1100

**MONTHLY INVOICE**

PROVIDENCE SEWARD HOSPITAL  
PO BOX 365  
SEWARD AK 99664

Billing Number: MM SS3327 01 001  
Account Number: 8002-765-6315  
Invoice Number: 8946235193 ORIGINAL

Invoice Date: 02-01-11  
For billing inquiries: 1-800-764-8592  
To place an order: 1-907-264-7142  
For repair service: 1-800-252-7521

Regulatory Commission of Alaska - 1-800-390-2782

<b>New Charges</b>	Monthly Charges 02-01 through 02-28:	\$ 18,010.40	
	Prorated Charges/Credits:	\$ 0.00	
	One-Time Charges/Credits:	\$ 3,985.68	
	Total Charges:		\$ 21,996.08
	Federal Excise Tax:	\$ 0.00	
	State/Local Taxes and Surcharges:	\$ 282.32	
	Total Taxes and Surcharges on Charges:		\$ 282.32
<b>Total Charges, Taxes, and Surcharges:</b>			<b>\$ 22,278.40</b>

<b>Balance Brought Forward</b>	Balance as of Last Monthly Invoice:	\$283,338.49
	Payments Received:	\$ 396.60 <sup>CR</sup>
	Other Charges and Adjustments:	\$ 0.00

Balance Brought Forward: **\$282,941.89**

**Remittance Amount** **Total Payable Upon Receipt: \$305,220.29**

To ensure proper credit, please detach this portion and return with remittance.

**Remittance Document**  
Interstate Dedicated Private Line Service

PROVIDENCE SEWARD HOSPITAL  
PO BOX 365  
SEWARD AK 99664

Address Correction: Please remit payments to:

ALASCOM, INC. d/b/a AT&T ALASKA  
P.O. BOX 5019  
CAROL STREAM, IL 60197-5019



**at&t Alascom**

Account Number: 8002-765-6315  
Invoice Number: 8946235193  
Inquiry Center: USK00211  
Telephone Number: 1-800-764-8592

Invoice Date: 02-01-11

Amount Due: **\$305,220.29**

Amount Enclosed:

80027656315894623519300048600003052202900022278408

EXHIBIT 14  
Page 5 of 16



**PROVIDENCE SEWARD HOSPITAL**

Billing Number: MM SS3327 01 001  
Account Number: 8002-765-6316  
invoice Number: 8946235193 ORIGINAL  
invoice Date: 02-01-11

## JUST FOR YOUR BUSINESS

AT&T will charge a \$25 fee for any check returned for insufficient funds, applied to your next invoice. AT&T values your business and thanks you for your cooperation in this matter.

\*\*\*\*\*

From time to time, AT&T may change the names of services, Service Capabilities, or Service Components, or other terminology. The old terminology may remain in use for some time after such changes (such as in contract documents and billing records). For example, your customer bill and other customer documents may refer to Private Line Service (PLS) as Accunet, and may refer to DS0 service as Accunet Spectrum of Digital Services (ASDS) or Single Channel Service. Should you have any questions about the service name appearing on your bill, please refer to the 'Table of Changed Terminology' located in the AT&T Service Guides and applicable state tariffs.

## REGULATORY NEWS

Your telecommunications services are provided by one or more of the following AT&T Corp. subsidiaries based on the type of service provided, and the location at which it is provided: AT&T Communications of (State), and or TCG (State). To view service publications go to [att.com/servicepublications](http://att.com/servicepublications) and click on the Service Guide and or Tariff.

\*\*\*\*\*

Bill Period is the monthly period that the customer's bill processing started and ended. The Usage is usually billed within the current Bill Period and Monthly Recurring Charges (MRCs) are billed one month in advance.

**For example:**

Invoice date April 1, Usage/Bill Period March 1 through March 31, MRCs April 1 through April 30  
 Invoice date April 11, Usage/Bill Period March 11 through April 10, MRCs April 11 through May 10  
 Invoice date April 19, Usage/Bill Period March 19 through April 18, MRCs April 19 through May 18.

\*\*\*\*\*

## Attention Valued AT&T Customers

If your invoice includes any back-billed charges, you have the right to pay these charges in full with your regular bill, or to call AT&T to make reasonable payment arrangements. You may choose to pay the back-billed amount in monthly installments equal to the number of back-billed months. Please take note that you must pay the full amount of your phone bill each month, including installments to repay back billed - charges, in order to avoid possible disconnection and other charges and penalties. If you are interested in using this payment method for any back-billed amount, please call AT&T on the toll-free number located on your bill.

\*\*\*\*\*

If your business makes outbound telephone solicitations, you must comply with federal do-no-call laws and regulations (47 C.F.R.64.1200, and 16 C.F.R.310) and any applicable state laws.

\*\*\*\*\*

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at&t Alascom

Interstate Dedicated Private Line Service

Customer Message

Page Number:

PROVIDENCE SEWARD HOSPITAL

Billing Number: MM SS3327 01 001  
Account Number: 8002-786-6315  
Invoice Number: 8946235193 ORIGINAL  
Invoice Date: 02-01-11

**REGULATORY NEWS**

(continued)

Federal regulation requires AT&T to inform our valued customers that basic local services will not be disconnected for the non-payment of your non-regulated service charges. To avoid collection activity, please remember to pay all charges by the due date.

In addition, you may experience disconnection of your basic local service if payment is not received for the Long Distance portion of your bill except in the states: Alabama, Arizona, Colorado, Hawaii, Idaho, Indiana, Iowa, Maryland, Michigan, Minnesota, Missouri, New Mexico, New York, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Texas, Utah, Vermont, Virginia, Washington and the District of Columbia.

\*\*\*\*\*

AT&T Calling Card is a US-based telecommunications service provided by AT&T Corp. Worldwide access is provided on a bilateral basis in cooperation with AT&T's correspondent carriers in non-US jurisdictions, and in accordance with the Regulations of the International Telecommunications Union, as applicable.

\*\*\*\*\*

**DO NOT CALL**

If your business makes outbound telephone solicitations, you must comply with federal do-not-call laws and regulations (47 C.F.R. 64.1200 and 16 C.F.R. 310) and any applicable state laws.

\*\*\*\*\*

**\*\*\*\*Important News About Your Account\*\*\*\***

You are requested to provide in writing to AT&T, within six months of the date of this bill, any dispute with respect to the charges on this bill, unless a different notification period applies under your contract, State Tariff and/or Service Guide.

You can reach AT&T either by using the toll free number on your bill, or in writing at the address listed at the top of the first page of your invoice.

[http://serviceguide.att.com/serviceguide/business/ext/state\\_tariff\\_buss.cfm](http://serviceguide.att.com/serviceguide/business/ext/state_tariff_buss.cfm)

\*\*\*\*\*

If you receive service pursuant to a signed contract or other term agreement with AT&T and it is currently in effect, its terms will govern the provision of your AT&T service.

AT&T's standard contract for detariffed services not covered by a signed contract or term agreement, including expired contracts or term plans that are not renewed, can be found at: [att.com/agreement](http://att.com/agreement). Important limits of liability apply, including: AT&T is not liable for indirect or consequential damages (such as your lost profits or other economic loss), and direct damages during any 12 months cannot exceed one month of your payments for affected service(s).

Additional terms, conditions, charges and price change information for all detariffed business services can be viewed at <http://www.att.com/serviceguide/business>. If you do not have access to the Internet, please contact your AT&T Sales Representative or Customer Care Center for information.

End of Messages

Thank you for choosing AT&T, we appreciate your business

EXHIBIT 14  
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**at&t Alascom**

Interstate Dedicated Private Line Service

**Payments, Other Charges and Adjustmen**

Page Number:

PROVIDENCE SEWARD HOSPITAL

Billing Number: MM SS3327 01 001  
Account Number: 8002-765-8316  
Invoice Number: 8946235193 ORIGINAL  
Invoice Date: 02-01-11

Payment Date	Payment Description	Payment Method	Amount
--------------	---------------------	----------------	--------

**Payments**

12-30-10	PAYMENT RECEIVED	0000761247	\$396.60
Total Payments Applied:			\$396.60







**at&t Alascom**

Interstate Dedicated Private Line Service

**SUMMARY OF INVOICE CHARGES**

Page Number:

PROVIDENCE SEWARD HOSPITAL

Billing Number: MM SS3327 01 001  
 Account Number: 8002-765-6315  
 Invoice Number: 8946235193 ORIGINAL  
 Invoice Date: 02-01-11  
 For billing inquiries: 1-800-764-8592

Description	Monthly Charges	Prorated Charges/Credits	One-Time Charges/Credits	Taxes and Surcharges	Total
-------------	-----------------	--------------------------	--------------------------	----------------------	-------

**Circuit Charges**

**REGULATORY/OTHER CHARGES**

ADMINISTRATIVE EXPENSE FEE-DCS #	\$0.00	\$0.00	① \$158.48	\$5.90	\$164.38
FEDERAL REGULATORY FEE-DCS #	\$0.00	\$0.00	② \$385.44	\$14.42	\$399.86
PROPERTY TAX ALLOTMENT-DCS #	\$0.00	\$0.00	④ \$489.88	\$18.36	\$508.24
UNIVERSAL CONNECTIVITY-DCS #	\$0.00	\$0.00	⑤ \$2,951.88	\$84.60	\$3,036.48

**ACCUNET® T1.5 MBPS SERVICE**

DHEC 744587 ALS Promotional Savings: Net Charge:	\$9,085.20 \$80.00 <sub>CR</sub> \$9,005.20	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$79.52	\$9,084.72
DHEC 745718 ALS Promotional Savings: Net Charge:	\$9,085.20 \$80.00 <sub>CR</sub> \$9,005.20	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$79.52	\$9,084.72
<b>Total Circuit Charges:</b>	<b>\$18,010.40</b>	<b>\$0.00</b>	<b>\$3,885.68</b>	⑤ <b>\$282.32</b>	<b>\$22,278.40</b>

**Total This Account:**

\$21,996.08	\$282.32	\$22,278.40
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Description	Total Promotional Savings	Total Discount Plan Savings	Total Interruptions	Total Service Assurance Warranty
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**Account Totals Reflect the Following**

ACCUNET® T1.5 MBPS SERVICE	\$160.00 <sub>CR</sub>	\$0.00	\$0.00	\$0.00
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*FEES PER CIRCUIT*

003  
 ① 158.48 ÷  
 ② 385.44 ÷  
 ③ 2,951.88 ÷  
 3,495.8\*  
 3,495.8 ÷  
 2. =  
 1,747.9\*

*TAXES PER CIRCUIT*  
 0.\*

002  
 ④ 489.88 ÷  
 ⑤ 282.32 ÷  
 772.2\*  
 772.2 ÷  
 2. =  
 386.1\*

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**at&t****Alascom**

Interstate Dedicated Private Line Service

**ACTIVITY, SUMMARY**

Page Number:

PROVIDENCE SEWARD HOSPITAL

Billing Number: MM SS3327 01 001  
Account Number: 8002-765-6315  
Invoice Number: 8946235193 ORIGINAL  
Invoice Date: 02-01-11

Description	Monthly Charges	Prorated Charges/Credits	One-Time Charges/Credits	Taxes and Surcharges
-------------	-----------------	--------------------------	--------------------------	----------------------

**Circuit Charges**

Monthly, Prorated, and One-Time Charges/Credits for 02-01-11 thru 02-28-11

ADMINISTRATIVE EXPENSE FEE-DCS			\$158.48	\$5.90
FEDERAL REGULATORY FEE-DCS			\$385.44	\$14.42
PROPERTY TAX ALLOTMENT-DCS			\$489.88	\$18.36
UNIVERSAL CONNECTIVITY-DCS			\$2,951.88	\$84.60
Total Circuit Charges:	\$0.00	\$0.00	\$3,985.68	\$123.28
Total This Account:	\$0.00	\$0.00	\$3,985.68	\$123.28
Total Activity Charges, Taxes and Surcharges:	\$4,108.96			



**at&t****Alascom**

Interstate Dedicated Private Line Service

**ACTIVITY REPORT**

Page Number:

PROVIDENCE SEWARD HOSPITAL

Billing Number: MM SS3327 01 001  
Account Number: 8002-765-6315  
Invoice Number: 8946235193 ORIGINAL  
Invoice Date: 02-01-11

Item No.	Description of Change	Monthly Charges	Prorated Charges	One-Time Charges
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REGULATORY/OTHER CHARGES  
ADMINISTRATIVE EXPENSE FEE

Circuit Number: ADMINISTRATIVE EXPENSE FEE-DCS

1	ADMINISTRATIVE EXPENSE FEE-DCS Adjustment			\$158.48
Total This Activity:			\$0.00	\$158.48
Total This Circuit:			\$0.00	\$158.48

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Page 11 of 16





**at&t Alascom**

Interstate Dedicated Private Line Service

**ACTIVITY REPORT**

Page Number:

PROVIDENCE SEWARD HOSPITAL

Billing Number: MM 553327 01 001  
Account Number: 8002-765-6315  
Invoice Number: 8946235193 ORIGINAL  
Invoice Date: 02-01-11

Item No.	Description of Change	Monthly Charges	Prorated Charges	One-Time Charges
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REGULATORY/OTHER CHARGES  
FEDERAL REGULATORY FEE

Circuit Number: FEDERAL REGULATORY FEE-DCS

2	FEDERAL REGULATORY FEE-DCS Adjustment			\$385.44
---	--	--	--	----------

Total This Activity:

\$0.00

\$385.44

Total This Circuit:

\$0.00

\$385.44



**at&t****Alascom**

Interstate Dedicated Private Line Service

**ACTIVITY REPORT**

Page Number: 5

PROVIDENCE SEWARD HOSPITAL

Billing Number: MM S53327 01 001  
Account Number: 8002-765-6315  
Invoice Number: 8946235193 ORIGINAL  
Invoice Date: 02-01-11

Item No.	Description of Charge	Monthly Charges	Prorated Charges	One-Time Charges
----------	-----------------------	-----------------	------------------	------------------

**REGULATORY/OTHER CHARGES**

Circuit Number: PROPERTY TAX ALLOTMENT-DCS

**PROPERTY TAX ALLOTMENT**

3	PROPERTY TAX ALLOTMENT-DCS Adjustment			\$489.88
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Total This Activity:

\$0.00

\$489.88

Total This Circuit:

\$0.00

\$489.88

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**at&t****Alascom**

Interstate Dedicated Private Line Service

PROVIDENCE SEWARD HOSPITAL

Billing Number: MM SS3327 01 001  
Account Number: 8002-765-8315  
Invoice Number: 8948235193 ORIGINAL  
Invoice Date: 02-01-11

Item No.	Description of Change	Monthly Charges	Prorated Charges	One-Time Charges
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REGULATORY/OTHER CHARGES  
UNIVERSAL CONNECTIVITY

Circuit Number: UNIVERSAL CONNECTIVITY-DCS

4	UNIVERSAL CONNECTIVITY CHARGE-DCS Adjustment			\$2,951.88
---	--	--	--	------------

Total This Activity:

\$0.00

\$2,951.88

Total This Circuit:

\$0.00

\$2,951.88

Total All Circuits:

\$0.00

\$3,885.68

Total This Account:

\$0.00

\$3,885.68

EXHIBIT 14  
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**at&t****Alascom**

Interstate Dedicated Private Line Service

**TAX REPORT**

Page Number: 1

PROVIDENCE SEWARD HOSPITAL

Billing Number: MM SS3327 01 001  
Account Number: 8002-766-6315  
Invoice Number: 8946235193 ORIGINAL  
Invoice Date: 02-01-11

Description	Federal Excise Taxes	State Taxes	County Taxes	Local Taxes	Other Taxes and Surcharges
-------------	----------------------------	----------------	-----------------	----------------	-------------------------------

**Circuit Level Taxes**

DHEC 744587 ALS ALASKA			\$34.08	\$45.44	
DHEC 745718 ALS ALASKA			\$34.08	\$45.44	
ADMINISTRATIVE EXPENSE FEE-DCS ALASKA			\$2.52	\$3.38	
FEDERAL REGULATORY FEE-DCS ALASKA			\$6.18	\$8.24	
PROPERTY TAX ALLOTMENT-DCS ALASKA			\$7.86	\$10.50	
UNIVERSAL CONNECTIVITY-DCS ALASKA			\$36.24	\$48.36	
Subtotal:	\$0.00	\$0.00	\$120.86	\$161.36	\$0.00
Total This Account:	\$0.00	\$282.32			

EXHIBIT 14  
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at&amp;t

Alascom

Interstate Dedicated Private Line Service

BILLING DETAILS REPORT

Page Number: 12 La:

PROVIDENCE SEWARD HOSPITAL

Billing Number: MM SS3327 01 001  
 Account Number: 8002-785-8315  
 Invoice Number: 8946235193 ORIGINAL  
 Invoice Date: 02-01-11

## Billing Details - Information Only

PROMOTIONAL DISCOUNT SAVINGS REPORT  
 FOR MONTH BEGINNING FEBRUARY 01, 2011

CUSTOMER BILLING NUMBER  
 MM SS3327 01 001

CIRCUIT IDENTIFIER	PROMO NUMBER	CKL/TRM OR IOC SECTION NUMBER	USDC	MONTHLY CHARGE	MONTHLY CHARGE DISCOUNT AMOUNT	MONTHLY CHARGE DISCOUNT PERCENT	SERVICE CHARGE	SERVICE CHARGE DISCOUNT AMOUNT	SERVICE CHARGE DISCOUNT PERCENT
DHEC744587 ALS	2000AK01	0002/ A	041AC	\$20.00	\$20.00	100.00%			
DHEC744587 ALS	2000AK01	0001/ A	041AC	\$20.00	\$20.00	100.00%			
DHEC744587 ALS	2000AK01	0002/ A	AHOAD	\$20.00	\$20.00	100.00%			
DHEC744587 ALS	2000AK01	0001/ A	AHOAD	\$20.00	\$20.00	100.00%			
SAVINGS THIS CIRCUIT								\$80.00	
DHEC745718 ALS	2000AK01	0002/ A	041AC	\$20.00	\$20.00	100.00%			
DHEC745718 ALS	2000AK01	0001/ A	041AC	\$20.00	\$20.00	100.00%			
DHEC745718 ALS	2000AK01	0002/ A	AHOAD	\$20.00	\$20.00	100.00%			
DHEC745718 ALS	2000AK01	0001/ A	AHOAD	\$20.00	\$20.00	100.00%			
SAVINGS THIS CIRCUIT								\$80.00	
TOTAL SAVINGS								\$160.00	



**Ex. 15**



PROVIDENCE SEWARD MEDICAL AND CARE CENTER  
HCP 10382  
USAC APPEAL YEAR 2010 PACKETS 102861 AND 102862

<u>FUNDING REQUESTED:</u>	Packet 102861	Packet 102862	Total
Circuit cost per month	9,005.20	9,005.20	
Federal reg fees	1,747.90 *	1,747.90 *	
Taxes	386.10 *	386.10 *	
Total Rural Rate	11,139.20	11,139.20	
Urban rate	198.30	198.30	
Monthly funding request	10,940.90	10,940.90	
Total months 12	131,290.80	131,290.80	
Non-recurring request	-	-	
	<u>131,290.80</u>	<u>131,290.80</u>	<u>262,581.60</u>
<u>Funding commitment received:</u>			
Circuit cost per month	9,005.20	9,005.20	
"Discount" applied in error	(6,871.80)	(6,871.80)	
	2,133.40	2,133.40	
Taxes	407.17	407.17	
Discounted rural rate	2,540.57	2,540.57	
Urban rate including tax	208.15	208.15	
Monthly support	2,332.42	2,332.42	
Total months 12	27,989.04	27,989.04	
Non-recurring request	-	-	
Funding per commitment	<u>27,989.04</u>	<u>27,989.04</u>	<u>55,978.08</u>
<b>Additional funding requested</b>	<b><u>103,301.76</u></b>	<b><u>103,301.76</u></b>	<b><u>206,603.52</u></b>

\*Based on representative monthly bill 2/1/11 attached. See calculation page 5 of bill.